

CLAIMS ONLY						Application Number <i>10/788749</i>	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
2	/					52				
3	/					53				
4	/					54				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	<i>2</i>					Total Indep				
Total Depend	<i>10</i>					Total Depend				
Total Claims	<i>102</i>					Total Claims				